

Facility: _____

Department: _____

Please check the appropriate answer for all questions, based on your use of the Spry NICU Positioners.

	YES	NO
Did the positioners allow you to achieve & maintain a therapeutic position for the patient?	<input type="checkbox"/>	<input type="checkbox"/>
Did the positioners help offload the patient's vulnerable bony prominences (i.e. face, clavicle, iliac crest)?	<input type="checkbox"/>	<input type="checkbox"/>
Did the combination of the fluidized head positioner and the profile of the air chamber help promote a positive airway for the patient?	<input type="checkbox"/>	<input type="checkbox"/>
Did the fluidized head positioner allow for effective tube and line positioning?	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend the use of these products within your facility?	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: _____

Note: Flo-Form neonatal positioners are recommended for single patient use.